

Case Number:	CM14-0211023		
Date Assigned:	12/23/2014	Date of Injury:	08/18/2014
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male with a date of injury 8/18/2014. There appears to have been cumulative trauma to his right shoulder that occurred during the usual course of his duties which include frequent turning of the wheel of a bus with the right hand, overhead work and lifting wheel chairs onto the bus. His diagnoses include right upper extremity pain, right shoulder full thickness tear with retraction per MRI 9/5/2014. He is Obese, Hypothyroid, Hypertensive and Diabetic. On 9/18/2014 he was seen by his treating physician and it was reported that he had pain in his right shoulder that was radiating down to the right elbow, the right chest area /arm pit area and the shoulder blade area, going up to the neck. He had popping and clicking and difficulty moving the right arm to the right, washing with a facecloth, dressing in some shirts and overhead use. Physical exam revealed positive drop arm test, tenderness to palpation over the lateral aspect of the right shoulder, Neers, Hawkins and O'Brien's are all positive as is jobes sign and speed testing, cross arm test is equivocal, range of motion exam of the shoulder is limited and painful, elbow exam was positive for limited and painful range of motion, grip strength was reduced on the right and pinch testing was also reduced on the right. He was seen again by his treating physician on 10/30/2014, he reports constant pain in his shoulder radiating down his right elbow and wrist and limited range of motion. Physical exam was positive for tenderness to palpation diffusely over the right shoulder joint, right upper trapezius and rhomboids, there is positive Neers and Hawkins testing. There was tenderness to palpation over the lateral epicondyle of the right elbow. MRI dated 9/5/2014 revealed supraspinatus tendon full thickness partial width tear just adjacent to the foot print, 15 mm AP with 12 mm retraction, Infraspinatus

tendon moderate grade articular sided and intrasubstance partial thickness tearing at the footprint on the back ground of moderate tendinosis, Type 2 acromion with mild lateral downsloping. He has had about 6-8 sessions of physical therapy which appears to have worsened his condition, a recommendation for right rotator cuff repair was made and has been authorized, the request is for Pre-operative medical clearance with internist and to Continue Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pre-Operative Medical Clearance with Internist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Medscape: preoperative testing- author: Gyanendra K. Sharma, MD FACP, FACC, FASE; cheif editor: William A Schwer, MD

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, lumbar and thoracic Preoperative testing, Preoperative electrocardiogram (ECG); & Preoperative lab testing

Decision rationale: The California MTUS Guidelines do not specifically address criteria for preoperative testing and therefore other guidelines were consulted. Per the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors, Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Per the Official Disability Guidelines, Criteria for Preoperative lab testing that are relevant to the injured worker include: - Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. - Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. - In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. - A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Intermediate Risk Surgical Procedures: These are defined as procedures with intermediate risk (with reported cardiac risk generally 1-5%), and they include: - Orthopedic surgery, not including endoscopic procedures or ambulatory surgery. Preoperative ECG may be reasonable in patients with at least 1 clinical risk factor like history of cerebrovascular disease, diabetes mellitus, or renal insufficiency. The injured worker will be undergoing an intermediate risk procedure and he has a history of obesity, hypothyroidism, hypertension and diabetes which

all put him at increased risk for a cardiovascular event. Based on his clinical picture and the guidelines, it would be medically necessary for him to be evaluated preoperatively by an internist.

Continue Flexeril 10mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is recommended as an option, using a short course of therapy and is also recommended for post-operative use. Therefore based on the patient's clinical presentation, the fact that he will be getting right rotator cuff repair and the guidelines the request for flexeril 10mg # 30 is medically necessary.